

Alabama Medicaid Agency

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MIKE LEWIS Commissioner

February 6, 2001

PROVIDER NOTICE 01-04

TO: Medicaid Home Health Providers

SUBJECT: Home Health Coverage

Effective March 15, 2001, the guidelines regarding home health coverage have been revised. Please incorporate these new guidelines into your protocol for billing home health services. To be eligible for home health care, a recipient is no longer required to be homebound, but must meet all of the following criteria:

- The recipient's illness, injury, or disability prevents the recipient from going to a physician's office, clinic or other outpatient setting for required treatment; as a result, he or she would, in all probability, have to be admitted to a hospital or nursing home because of complications arising from lack of treatment;
 - and
- The recipient is unable to leave home under normal circumstances. Leaving home requires a considerable taxing effort by the recipient, and absences from the home are infrequent, of relatively short duration, and for medical reasons,

and

• The recipient is unable to function without the aid of supportive devices, such as crutches, a cane, wheelchair or walker and requires the use of special transportation or the assistance of another person.

Medicaid may reimburse for home health services for recipients as a result of an EPSDT referral when the above criteria is not met. However, justification must show that the combined cost of transportation and medical treatment would exceed the cost of a home health service visit or he or she would, in all probability, have to be admitted to a hospital or nursing home because of complications arising from lack of treatment.

The patient's attending physician must certify the need for home health services and provide written documentation to the home health provider regarding the recipient's condition which justify that the patient meets home health criteria. The physician must re-certify care every sixty (60) days if home health services continue to be necessary. The attending physician must be an active Medicaid provider licensed in the State of Alabama.

Questions regarding this provider notice should be directed to Long Term Care Provider/Recipient Management Unit at (334) 242-5657.

Mike Lewis Commissioner

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